PATENT APPLICATION FEE DETERMINATION RECORD - Effective October 1, 2001

Application or Docket Number

70869-0083

	CLAIMS AS FILED - PART I								SMALL EN	YTITY		OTHER	THAN
1				(Column 1)		(Column 2)			TYPE [OR	SMALL	
	TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
	FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
	то	TAL CHARGEA	BLE CLAIMS	20 minus 20=		· Ø			X\$ 9=		OR	X\$18=	
	INDEPENDENT CLAIMS			≤ minus 3 =		· 2			X42=	\$4.w	OR	X84=	
	MULTIPLE DEPENDENT CLAIM PRESENT								+140=	V ., U	OR	+280=	
	* If the difference in column 1 is less than zero, ent					"0" in c	olumn 2		TOTAL	454.0		TOTAL	
		С	LAIMS AS A	MENDED	DED - PART II				į	4 2 4 9		OTHER	THAN
			(Column 1)		(Colur				SMALL		OR	SMALL	ENTITY
ABLE COPY	AMENDMENT A	-	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	. 23	Minus	** 0	20	= }	1	X\$ 9=	2700	OR	X\$18=	
	AME	Independent	NTATION OF MI	Minus	*** PENDENT	5 FCLAIM	= -	$\mid \mid \mid$	X42=		OR	X84=	
		THOTTREE	WATER OF ME		LINDEN	ODAIN!		ן י	+140=		OR	+280=	
									TOTAL ADDIT, FEE	2700	OR	TOTAL ADDIT. FEE	
A			(Column 1)	<u> </u>									
BEST AVAILABLE	ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	ENDM	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=	
	AME	Independent	*	Minus	***	CL AIRA	- (-)	┦┃	X42=		OR	X84=	
	Ш	FIRST PRESE	NTATION OF ME	DETIPLE DEF	LE DEPENDENT CLAIM				+140=		OR	+280=	
									TOTAL		OB.	TOTAL	
			(Column 1)			ADDIT. FEE I			ADDIT, FEE				
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
		Independent	<u>.</u>	Minus	***		-	1	X42=		OR	X84=	
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	TOTAL		OR	TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								DDIT. FEE		OR	ADDIT. FEE	
			nber Previously Pai					er fou	nd in the app	ropriate box	in col	lumn 1.	